

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>12-8-97</u>	2 Serial/Patent # <u>08/869386</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing <i>surcharge and 205</i>	4 PAPER NUMBER
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT
<input type="checkbox"/> Notice of Appeal/Appeal	\$
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$ 65</u>	
8 TO BE REFUNDED BY:	
<input type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<u>901-2508</u>	
10 REASON:	
<input type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<i>Case is not MP</i>
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>JEREMY S. FLEMING</u>	
SIGNATURE: <u>Jeremy S. Fleming</u>	
OFFICE: <u>APPL. DIV.</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____ DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B